

Foster Family Home - Deficiency Report

Provider ID: 1-250015

Home Name: Janalyn Calaro, CNA

Review ID: 1-250015-3

94-520 Anakahi Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/17/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/17/25).

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(8)- CG#3 without evidence of having CPR/First Aid certification and blood borne and infection control training.
41.(g)- No basic skills checks completed by CG#3 in Client #1's chart/records.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#3 in Client #1's chart.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

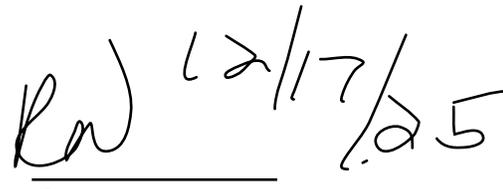
54.(c)(2)- Client #1 without a Service Plan/HAP present in chart/records.



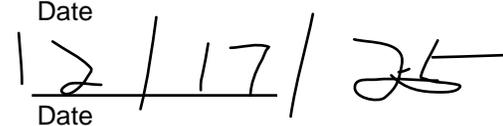
Compliance Manager



Primary Care Giver



Date 12/17/25



Date 12/17/25

CTA RN Compliance Manager: Maribel Nakamine, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Janalyn Calaro

(PLEASE PRINT)

CCFFH Address: 94-520 Anakahi Pl. Waipahu, Hi 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(8)	CPR/First aid certification, blood borne pathogen and infection control certification by CG #3 was placed on CCFFH binder.	01/07/26	I put the expiration date for blood borne pathogen, CPR and basic first aid for all caregivers in my phone calendar. I set the reminder for 1 month prior to expiration.
41.(g)	Basic skills checks completed by CG # 3 in Client # 1. It was placed into the client record.	01/07/26	Home will notify client's CMA that basic skills shall be kept in the client's case manager and caregiver's current records with the current service plan.
43.(c)(3)	RN delegation was done for CG # 3 by the client's CMA. It was placed into the client record.	01/07/26	Home will notify client's CMA that RN delegation needs to be done as soon as the caregiver being added to the home.
47.(c)	List of all medications side effects placed in Client # 1 binder.	01/07/26	Maintained list and add right away if any new medications ordered.
54.(c)(2)	Service plan is reviewed by case manager. It was placed in Client # 1 binder.	01/07/26	Always remind case manager before service plan expires.

All items that were corrected are attached to this POC

PCG's Signature: *Janalyn Calaro*

Date: 01/07/26

CTA has reviewed all corrected items